

Trevi Women Ltd

# Jasmine Mother's Recovery




## Inspection report

C/O 29 Sutherland Road  
Plymouth  
PL4 6BW  
Tel: 01752255758  
[www.trevi.org.uk](http://www.trevi.org.uk)

Date of inspection visit: 27 June 2023  
Date of publication: 04/10/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

Our rating of this location stayed the same. We rated it as good because:

- Women and children received a safe service focussed on their recovery and well-being. Staff clearly understood the traumatic background of women and children using the service and were equipped to provide effective therapeutic support.
- The boundaries and expectations within the service were explicit and aimed at maintaining a safe environment.
- Premises were clean and well-maintained. Safety checks of equipment were undertaken[CK1] .
- Women were able to complete assisted withdrawal from opiates at the service. This was overseen by a GP and nurse. Medicines were now managed safely in a well-organised clinic room.
- Staff and senior management were passionate about the service and clearly focussed on the needs of women and children.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Residential substance misuse services

### Rating

Good



### Summary of each main service

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding. Medicines were managed safely.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and liaised with relevant services outside the organisation.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

# Summary of findings

## Contents

### Summary of this inspection

Background to Jasmine Mother's Recovery	5
Information about Jasmine Mother's Recovery	5

### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

# Summary of this inspection

## Background to Jasmine Mother's Recovery

Jasmine Mother's Recovery is registered with the Care Quality Commission (CQC) to provide accommodation for people who require treatment for substance misuse and is registered to provide accommodation for up to 10 women and their babies or young children. Mothers and their children remain together while the mother receives treatment.

The mother and child are provided with parenting support and observation whilst substance misuse and related issues are addressed. This is the only service of its kind in the country.

Jasmine Mother's Recovery is an abstinence-based service. Women come into the service after completing detoxification programmes but the service also provides residential rehabilitation and an assisted withdrawal service for prescribed medication, such as methadone or buprenorphine with the support of the visiting GP.

Jasmine Mother's Recovery provides aftercare support and outreach. In partnership with a neighbouring women's inpatient rehabilitation service, Trevi House provides a programme of aftercare support and outreach for women and their children via the Sunflower women's Centre.

Jasmine Mother's Recovery's accommodation includes eight bedrooms in the residential building and two self-contained flats for women at different stages of their treatment.

The service is managed by a chief executive and a service manager. At the time of our inspection there was no registered manager. A registered manager is a person who has registered with CQC to manage the service. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Jasmine Mother's Recovery is a registered charity and individual placements are funded by statutory organisations. Mothers and children are funded separately. Women are referred by local authorities from anywhere across the UK. There is a board of trustees that supports the service governance arrangements.

The Office for Standards in Education, Children's Services and Skills (Ofsted) inspected the on-site nursery and gave it a rating of good. Our last inspection of Jasmine Mother's Recovery was in January 2019. We rated the service as good.

There were two breaches of regulation as medicines were not always administered safely and staff did not always have access to relevant information in people's records. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

# Summary of this inspection

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Jasmine Mother's Recovery and looked at the quality of the physical environment
- spoke with two women living at the service
- spoke with five staff members, Head of Service acting as interim manager, Chief Operating Officer and human resources assistant, health and safety manager and the Chief Executive
- looked at policies, procedures and other documents relating to the running of the service

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

# Residential substance misuse services

Safe	Good 
Well-led	Good 

## Is the service safe?

Good 

Our rating of safe improved. We rated it as good.

### Safe and clean care environments

**All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

#### Maintenance, cleanliness and infection control

The service was clean, comfortable, and well-maintained. The Health and Safety manager had recently carried out the annual health and safety check. Staff made sure cleaning records were up-to-date and the premises were clean. Domestic staff were now employed at the service.

Staff maintained cleaning records and fridge and freezer temperature records. There was a control of substances hazardous to health (COSHH) cupboard which was locked and checked by the domestic staff. We noted that one communal kitchen was more disorganised than others. Staff were aware of this and were addressing it.

#### Clinic room and equipment

The clinic room was suitably equipped for the service type. Clinical staff had access to blood pressure machines and testing equipment for clients with diabetes. The clinic room was of a good size. One side of the medicines room had a window which faced the sun in the afternoon, causing the temperature to increase to close to 25C. The nurse in charge of the clinic was able to manage this by monitoring the temperature and closing the blind and using a fan.

Staff checked, maintained, and cleaned equipment.

#### Safe staffing

**The service had enough staff, who knew the clients and received basic training to keep people safe from avoidable harm.**



# Residential substance misuse services

The service had recently employed a registered nurse with responsibility to oversee the clinic and manage medicines. This had resulted in improved outcomes in medicines management.

The service employed a special interest GP to oversee safe management of prescribing of both maintenance and assisted withdrawal from opiates. They explained to us the circumstances in which they were able to safely support women at the service. Pregnant women who were on substitute opiate prescriptions always remained in hospital after giving birth. They remained in hospital until their baby was well enough to be discharged.

Staff were recruited safely. The service had effective recruitment systems in place to check the suitability of new employees. Staff received regular support and supervision to maintain the therapeutic safety of the service.

Clients had regular confidential group sessions as part of their treatment program. Clients also had regular meetings with their keyworker and access to a counsellor employed by the service.

## **Mandatory training**

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

## **Assessing and managing risk to clients and staff**

Staff assessed clients before admission and only offered admitted them if they were suitable for the service. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.

## **Assessment of client risk**

Staff completed risk assessments for each client on admission and reviewed this regularly, including after any incident. Risk assessments covered drug misuse, physical and mental health, safeguarding (both adults and children), and family contact.

## **Management of client risk**

Staff knew about any risks to each client and acted to prevent or reduce risks. Staff had comprehensive information about any risks.

Staff identified and responded to any changes in risks to, or posed by, clients.

Staff managed risk to babies by use of CCTV. Clients were aware this was part of the conditions of treatment.

Staff were attending a paediatric first aid course on the day of inspection.

# Residential substance misuse services

The service had very clear boundaries and guidelines in respect of behaviour and expectations during treatment. There were suitable restrictions on visitors, time away from the service and that any drug use would result in immediate discharge from the service.

## Safeguarding

**Staff understood how to protect clients and children from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff were kept up-to-date with their safeguarding training.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. All children and babies at the service had a safeguarding plan. Social services were closely involved in monitoring child welfare and outcomes.

Staff followed clear procedures to keep children visiting the service safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Staff access to essential information

**Staff now had easy access to appropriate client information and it was easy for them to maintain accurate records.**

At our previous inspection in January 2019 we found the provider did not ensure that client records contained all relevant client information and were easily accessible to staff. This was a breach of regulation 17 (2)(c).

Client notes were now comprehensive and all staff could access them easily.

Records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

At our previous inspection in January 2019, we found the provider did not maintain safe records relating to the dispensing of medication. Records were not fully completed including staff not signing and dating medication administration records to show missed or refused medication and not specifying which medication was 'as required'. This was a breach of regulation 12 (2)(g).

# Residential substance misuse services

Since this inspection the service has employed a registered nurse with specific responsibility for medicines management. Medicines were now managed to a good standard.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each woman's medicines regularly and provided advice to clients about their medicines.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff reported serious incidents clearly and in line with provider policy.

Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to client care.

There was evidence that changes had been made as a result of feedback, for example all medicines errors involved investigation, an action plan and follow up.

# Residential substance misuse services

Good 

## Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were visible in the service and approachable for clients and staff.**

Senior staff within the provider organisation had worked there for several years. Leaders were passionate and committed to providing a therapeutic service to women and their children. Senior leaders in the organisation were visible and visited the service frequently.

Leaders were knowledgeable about domestic violence and trauma and the effect it had on women and children. They used this expertise to ensure appropriate therapeutic care was offered. Senior staff provided support and supervision for members of the staff team.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

The provider's vision and values were embedded in the work of the team. Staff understood the aims of supporting women to live substance-free lives and to develop effective parenting skills. Staff understood the backgrounds of women and children at the service and worked to empower women.

### Culture

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff culture was positive and the majority of staff present at the service were keen to speak with us. The service was committed to employing former service users if appropriate and provided opportunities to volunteer.

Staff said they were encouraged to raise any concerns; one member of staff described a situation where they had done so.

### Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

# Residential substance misuse services

The service had effective governance systems in place. The provider had introduced two new roles to oversee governance across the organisation; there was a health and safety manager and a chief operating officer.

The provider had a range of governance meetings to discuss service provision at management level.

The provider had systems in place to monitor safe recruitment processes, staff training and supervision.

Women living at the service were able to give direct feedback to staff via a communications book. This book contained frank comments by women using the service about any issues they perceived.

## **Management of risk, issues and performance**

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Women and children were supported in an environment where risks were managed effectively. Staff had a good understanding of safeguarding and knew how to raise concerns. The provider had processes in place to monitor this.

Staff were supported to provide a therapeutically safe environment.

## **Information management**

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

The provider had a service improvement plan which was monitored and updated.

The provider had compiled the 'Trevi Impact Report' which contained both numerical data about the service and also clients' voices in respect of all Trevi services.

## **Engagement**

**The provider engaged actively other local health and social care providers.**

Staff at the service worked closely with social services and safeguarding teams.

Women and children were supported with access to local health services and dentists.

The service worked closely with local maternity units when women gave birth to ensure both mother and baby were well enough to return to Jasmine Mother's Recovery.

## **Learning, continuous improvement and innovation**

The chief executive was enthusiastic about future plans. She was developing a project to provide supported aftercare for women and children leaving Jasmine Mother's Recovery.

## Residential substance misuse services

The service improvement plan contained actions to visit other rehabilitation services to explore potential learning.

The provider had arranged for an employee from a different service to provide a specialist parenting assessment for a funding authority. This had not been offered by the service before.